

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

CALIFORNIA FORM 460	
RECEIVED	
Date Stamp	CALIFORNIA FORM 460
Page <u>1</u>	of <u>6</u>
For Official Use Only	
Statement covers period from <u>10/23/2016</u>	Date of election if applicable: (Month, Day, Year) <u>11/08/2016</u>
through <u>12/31/2016</u>	

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Committee
 State Candidate Election Committee Controlled
 Recall Sponsored
(Also Complete Part 5)
(Also Complete Part 6)
 General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

3. Committee Information

I.D. NUMBER

1390366

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Mike Cordero for Council 2016

STREET ADDRESS (NO P.O. BOX)	
2151 S College Dr Ste 101	
STATE	ZIP CODE
CA	93455
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	
STATE	ZIP CODE
CA	(805) 922-4881
OPTIONAL: FAX / E-MAIL ADDRESS	
arybee@aol.com	

CITY	
STATE	
ZIP CODE	
AREA CODE/PHONE	
CITY	
STATE	
ZIP CODE	
AREA CODE/PHONE	
CITY	
STATE	
ZIP CODE	
AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS	
arybee@aol.com	

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-26-2017 Date

By Trent Benedetti Signature of Treasurer or Assistant Treasurer

By JM Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer or Sponsor

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Mike Cordero	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member	NAME OF BALLOT MEASURE		
		BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)		CITY Santa Maria	STATE CA	ZIP 93454
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.				
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<i>Attach continuation sheets if necessary</i>				

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mike Cordero For Council 2016

Contributions Received

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 0.00 \$ 11,500.00
2. Loans Received	Schedule B, Line 3	\$ 0.00 \$ 1,025.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0.00 \$ 12,525.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0.00 \$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0.00 \$ 12,525.00

Expenditures Made

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 1,678.80 \$ 4,037.45
7. Loans Made	Schedule H, Line 3	\$ 0.00 \$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 1,678.80 \$ 4,037.45
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0.00 \$ 0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0.00 \$ 0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 1,678.80 \$ 4,037.45

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 10,166.35	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$ 0.00	*Amounts in this section may be different from amounts reported in Column B.
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0.00	
15. Cash Payments	Column A, Line 8 above	\$ 1,678.80	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 8,487.55	
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00	

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See Instructions on reverse	\$ 0.00	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 1,025.00	

Statement covers period	CALIFORNIA FORM
from <u>10/23/2016</u>	through <u>12/31/2016</u>
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SUMMARY PAGE

CALIFORNIA FORM
460

I.D. NUMBER

1390966

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www.fppc.ca.gov

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CALIFORNIA FORM	
460	
Statement covers period	
from <u>10/23/2016</u>	through <u>12/31/2016</u>
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Mike Cordero for Council 2016

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (If Committee, also enter ID NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter name of business)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN * THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Mike Cordero 1324 Ruby Ct. Santa Maria, CA 93454	Retired/ Candidate Santa Maria Police Department	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00	0.00 % RATE	\$ 1,000.00	CALENDAR YEAR \$ 1,025.00 PER ELECTION **
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/ Candidate Santa Maria Police Department	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	DATE DUE	\$ 0.00 RATE	08/05/2016 DATE INCURRED	CALENDAR YEAR \$ 1,025.00 PER ELECTION **
Mike Cordero 1324 Ruby Ct. Santa Maria, CA 93454	Retired/ Candidate Santa Maria Police Department	\$ 25.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 25.00	0.00 % RATE	\$ 25.00 DATE DUE	CALENDAR YEAR \$ 1,025.00 PER ELECTION **
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 25.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	DATE DUE	\$ 0.00 RATE	09/16/2016 DATE INCURRED	CALENDAR YEAR \$ 1,025.00 PER ELECTION **
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	DATE DUE	\$ 0.00 RATE	DATE INCURRED	
SUBTOTALS \$		0.00	\$ 0.00			\$ 1,025.00	\$ 0.00	

Schedule B Summary

1. Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract Line 2 from Line 1.**)
Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

I.D. NUMBER
1390966

(Enter (e) on
Schedule E, Line 3)

tContributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

NET \$ 0.00

(May be a negative number)

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mike Cordero For Council 2016

CALIFORNIA FORM 460	
Statement covers period	CALIFORNIA FORM
from <u>10/23/2016</u>	Page <u>5</u> of <u>6</u>
through <u>12/31/2016</u>	I.D. NUMBER
	<u>1390966</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (If Committee, also enter I.D. number)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Santa Maria Times 3200 Skyway Drive Santa Maria, CA 93455	PRT		<u>1,117.00</u>
Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455	PRO		<u>199.50</u>
Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455	PRO		<u>307.20</u>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals)
2. Unitemized payments made this period of under \$100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

TOTAL \$ 1,678.80

\$ 1,678.80

\$ 0.00

\$ 0.00

TOTAL \$ 1,678.80

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded to whole dollars.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 55.18

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA FORM 460

COVER PAGE - PART 2

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**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mike Cordero for Council 2016

CALIFORNIA FORM 460	
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Statement covers period
from <u>09/25/2016</u>
through <u>10/22/2016</u>
I.D. NUMBER
<u>1390966</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
Schedule A, Line 3 \$ <u>11,500.00</u>
Schedule B, Line 3 \$ <u>0.00</u>
Subtotal <u>11,500.00</u>
Add Lines 1 + 2 \$ <u>11,500.00</u>
Schedule C, Line 3 \$ <u>0.00</u>
Add Lines 3 + 4 \$ <u>11,500.00</u>
Column B CALENDAR YEAR TOTAL TO DATE
1/1 through 6/30 \$ <u>1,025.00</u>
20. Contributions Received \$ <u>12,525.00</u>
21. Expenditures Made \$ <u>0.00</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
Date of Election (mm/dd/yy)
Total to Date \$ <u>12,525.00</u>

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>11,500.00</u>	\$ <u>11,500.00</u>
2. Loans Received	Schedule B, Line 3 \$ <u>0.00</u>	\$ <u>1,025.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>11,500.00</u>	\$ <u>12,525.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>11,500.00</u>	\$ <u>12,525.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>1,358.65</u>	\$ <u>2,358.65</u>
7. Loans Made	Schedule H, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>1,358.65</u>	\$ <u>2,358.65</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>-1,245.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>113.65</u>	\$ <u>2,358.65</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>25.00</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above \$ <u>11,500.00</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0.00</u>	
15. Cash Payments	Column A, Line 8 above \$ <u>1,358.65</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>10,166.35</u>	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTNEES RECEIVED	Schedule B, Part 2 \$ <u>0.00</u>	
18. Cash Equivalents	See Instructions on reverse \$ <u>0.00</u>	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>1,025.00</u>	

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Schedule A Summary

1. Amount received this period – itemized monetary contributions
(Include all Schedule A subtotals)
 2. Amount received this period – unitemized monetary contribution
 3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Colu

\$	<u>11,500.00</u>	\$	0.00
		TOTAL	
		\$ 11,500.00	

*Contributor Codes
 IND – Individual
 COM – Recipient Co.
 (other than I)
 OTH – Other (e.g.,
 PTY – Political Party)
 SCC – Small Contrib

FPPC Form 460 (Jan2016)
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www.fppc.ca.gov

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Schedule B Summary

1. Loans received this period
 (Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period ..
 (Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (**Subtract Line 2 from Line 1.**) Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

NET \$ _____
(May be a negative number)

TContributor Codes	
IND – Individual	
COM – Recipient Co	(other than P
OTH – Other (e.g.,	
PTY – Political Party	
SCC – Small Contrib	

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**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

Schedule E		CALIFORNIA FORM 460
Payments Made		SCHEDULE E
Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u>		Page <u>6</u> of <u>8</u>
Amounts may be rounded to whole dollars.		I.D. NUMBER <u>1390966</u>
SEE INSTRUCTIONS ON REVERSE		
NAME OF FILER <u>Mike Cordero for Council 2016</u>		

CODES:	If one of the following codes accurately describes
CMP	campaign paraphealaria/missc.
CNS	campaign consultants
CCTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
JT	campaign literature and mailings

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
JT	campaign literature and mailings	PRT	print ads
RAD	radio airtime and production costs	RFD	returned contributions
RFL	campaign workers' salaries	SAL	t.v. or cable airtime and production costs
TEL	candidate travel, lodging, and meals	TRC	staff/spouse travel, lodging, and meals
TRS	transfer between committees of the same candidate/sponsor	TSF	voter registration
VOT	information technology costs (internet, e-mail)	WEB	

NAME AND ADDRESS OF PAYEE
IF COMMITTEE ALSO ENTER ID NUMBER)

Documents that are contributed to the system

Schedule E Summary

- | | |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 1,245.00 |
| 2. Unitemized payments made this period of under \$100 | \$ 113.65 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 1,358.65 |

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100)

3. Net change this period. (**Subtract Line 2 from Line 1.** Enter the difference here and on the Summary Page, Column A, Line 9.) **PAID TOTALS \$** 1,245.00

NET \$ 1,245.00

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		CALIFORNIA FORM 460
Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u>		Page <u>8</u> of <u>8</u>
Amounts may be rounded to whole dollars.		I.D. NUMBER <u>139096</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER <u>Mike Cordero For Council 2016</u>		
NAME OF AGENT OR INDEPENDENT CONTRACTOR <u>Linda Cordero</u>		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

Attach additional information on appropriately labeled continuation sheets

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.